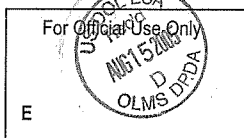


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8399</b>	2. Fiscal Year Covered From: <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>PATRICK J. MCGARVEY</b> P.O. Box, Bldg., Room No., if any Street <b>311 LOWELL AVE.</b> City <b>SAN BRUNO</b> State <b>CA</b> ZIP Code + 4 <b>94066-4012</b>	4. Name, file number, and address of labor organization. Name <b>INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS</b> Labor Organization File Number <b>044-250</b> P.O. Box, Building and Room Number, if any Street <b>690 POTRERO AVE.</b> City <b>SAN FRANCISCO</b> State <b>CA</b> ZIP Code + 4 <b>94110-2117</b>
5. Position in labor organization. <b>BUSINESS MANAGER</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]* SEE ATTACHMENT 15

On

**8-9-2005**

Date

**415-285-2900**

Telephone Number

Name of Person Filing <u>PATRICK J. McGARVEY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) FUND

Trade Name, if any: ELEVATOR CONSTRUCTORS

P.O. Box, Bldg., Room No., if any SUITE 200

Street 19 CAMPUS BLVD.

City NEWTON SQUARE

State PA ZIP Code + 4 19703-3288

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT.

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

REIMBURSEMENTS OF EXPENSES FOR ATTENDANCE AT THE NOVEMBER 2004 BOARD OF TRUSTEES MEETING AND COST OF MEALS PROVIDED BY THE FUND. MEALS, ROUND TRIP FLIGHT.

12.b. Amount. \$578.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

\_\_\_\_\_

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. \_\_\_\_\_

Name of Person Filing <i>PATRICK J. MCGARVEY</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *ELEVATOR CONSTRUCTORS ANNUITY AND 401(K) PLAN*  
Trade Name, if any: *ELEVATOR CONSTRUCTORS*  
P.O. Box, Bldg., Room No., if any *SUITE 200*  
Street *19 CAMPUS BLVD.*  
City *NEWTON SQUARE*  
State *PA* ZIP Code + 4 *19073-3288*

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

*SEE LM-30 ATTACHMENT.*

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

*REIMBURSEMENTS OF EXPENSES FOR ATTENDANCE  
AT THE FEBRUARY 2004 BOARD OF TRUSTEES  
MEETING AND COST OF MEALS PROVIDED BY  
THE FUND. MEALS, HOTEL, ROUND TRIP FLIGHT.*

12.b. Amount.

*\$1,071.00*

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
Trade Name, if any: \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <i>PATRICK J. Mc GARVEY</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>NATIONAL ELEVATOR INDUSTRY EDUCATIONAL TRUST FUND</i></p> <p>Trade Name, if any: <i>ELEVATOR CONSTRUCTOR</i></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>11 LARSEN WAY</i></p> <p>City <i>ATTLEBORO FALLS</i></p> <p>State <i>MA</i> ZIP Code + 4 <i>02763-1068</i></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>SEE LM-30 ATTACHMENT.</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>REIMBURSEMENTS OF EXPENSES FOR ATTENDANCE AT THE CHAIRMAN/CO-CHAIRMAN MEETING OF JANUARY 2004, LODGING AND MEALS.</i></p> <p>12.b. Amount. <i>\$278.00</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <u>PATRICK T. Mc GARVEY</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NATIONAL ELEVATOR INDUSTRY EDUCATIONAL TRUST FUND  
 Trade Name, if any: ELEVATOR CONSTRUCTORS  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street 11 LARSEN WAY  
 City ATTLEBORO FALLS  
 State MA ZIP Code + 4 02763-1068

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

11.a. Nature of such dealing.

SEE LM-30 ATTACHMENT.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TWO DINNERS -  
MEAL 1 - 9/20/04 - JAKE'S GRILL, PORTLAND, OREGON  
\$ 51.00  
MEAL 2 - 9/28/04 - SINIBAD'S, SAN FRANCISCO, CA,  
\$ 71.00

12.b. Amount.

\$ 122.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

LM-30 Attachment

Patrick McGarvey

Ending date of report period: 12/31/2004

LM-30 file number

11a – Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

15 – I made a good faith effort to include all matters relevant to filing Form LM-30 for 2004. If I become aware of anything else that I understand should be included, I will supplement this report.